Best Available Cop

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09767014

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN	
TOTAL CLAIMS			74				1	RATE FEE		OR 1	SMALL		
FOR			ALL HARDED EILED		AUTMA	ER EXTRA		BASIC FEE	355.00	1	RATE	FEE	
 			NUMBER FILED		NONB	EN EXTHA		BASIC FEE		OR	BASIC FEE	710.00	
10	TAL CHARGEA	BLE CLAIMS	7 minus 20=					X\$ 9=	36-00	OR	X018=		
i	EPENDENT CL		2. minus 3 = 1					X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT]	+135=		OR	+270=			
• If	the difference	ro, ente	"0" in c	olumn 2	Į	TOTAL	24/.00		TOTAL				
CLAIMS AS AMENDED - PART II								•			OTHER	THAN	
		(Column 1) CLAIMS		(Colur	_	(Column 3))	SMALL	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	6	24	=		X\$ 9=		OR	X\$18=	/	
	Independent	· 2	Minus		3	=/		X40=	/	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=/		
							L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		,	ADDit. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ון	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	*	Minus	••	ron	=	1	X\$ 9=	FEE_		X\$18=	FEE	
	Independent		Minus			=	1 }	-		OR			
	FIRST PRESE	NTATION OF MU	L ULTIPLE DEP	ENDENT	CLAIM		1	X40=		OR	X80=		
					مطفعيه بجيان إرطان يت الله ج		-	+135=		OR	+270=		
							Δ	TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=]	X40=			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7402		OR ·	700-		
+135=										OB	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT, FEE		
		nber Previously Pai					er loui	nd in the app	ropriate box	in col	umn 1,		